

PUBLIC VOUCHER FOR MEDICAL EXAMINATIONS For use of this form, See AR 40-400; the proponent agency is OTSG.			BUREAU VOUCHER NUMBER		D. O. VOUCHER NUMBER	
VOUCHER PREPARED AT <i>(Place and date)</i>					PAID BY <i>(For use of paying office)</i>	
THE UNITED STATES, Dr.,						
TO <i>(Payee)</i>						
ADDRESS						
FOR THE EXAMINATION OF APPLICANTS FOR ENLISTMENT, REGISTRANTS AND OTHER AUTHORIZED PERSONNEL						
AT				DURING THE PERIOD		
FROM				TO		AS INDICATED BELOW.
CATEGORY OF PERSONNEL AND TYPE OF SERVICE PERFORMED						
DATE		NUMBER OF EXAMINATIONS	CHARGE	DATE		CHARGE
I CERTIFY THAT THE EXAMINATIONS WERE MADE AS SHOWN AND THAT THE CHARGES DO NOT EXCEED THOSE CUSTOMARY IN THE VICINITY OR AUTHORIZED BY PERTINENT ARMY REGULATIONS				TOTAL		
				<i>(Payee must NOT use this space)</i> DIFFERENCES		
				PAYEE _____ PER _____ TITLE _____		
THE ABOVE ACCOUNT IS CORRECT. THE SERVICES WERE RENDERED AS STATED. THE EXAMINATIONS WERE REQUIRED BY PERTINENT ARMY REGULATIONS OR OTHER DIRECTIVES AND THE SERVICES COULD NOT BE OBTAINED FROM THE DEPARTMENT OF DEFENSE OR OTHER GOVERNMENT AGENCY <i>(Veterans Administration or Public Health Service)</i> BECAUSE <div style="text-align: right;"> _____ SIGNATURE U. S. ARMY </div>						
APPROVED FOR	DATE	PLACE		SIGNATURE		
\$				U. S. ARMY		
ACCOUNTING CLASSIFICATION <i>(For completion by Administrative Office)</i>						
APPROPRIATION, LIMITATION OR PROJECT SYMBOL		APPROPRIATION TITLE			LIMITATION OR PROJECT AMOUNT	APPROPRIATION AMOUNT
PAID BY CASH		PAID BY CHECK		AMOUNT		
AMOUNT \$		CHECK NUMBER		(ON TREASURER OF THE UNITED STATES (IN FAVOR OF PAYEE NAMED ABOVE)		
DATE PAID		DATE OF CHECK				
PAYEE				PER		
				TITLE		